



Missouri Pharmacy Program – Preferred Drug List



FluoroQuinolones ***Effective 06/01/2005*** Revised 01/30/2006

Preferred Agents

- Tequin®
- Ciprofloxacin HCl
- Ofloxacin
- Levaquin®
- Cipro® Susp MC Recon

Non-Preferred Agents

- Cipro® XR
- Cipro®
- Floxin®
- Maxaquin®
- Factive®
- Avelox ABC® Pack
- Avelox®
- Noroxin®
- Zagam®
- Proquin® XR

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agent(s)	Lack of adequate trial on required preferred agent
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met.
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030